



1/1/06

PTO/SB/21 (09/04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

13

Application Number

10/767,685

Filing Date

January 29, 2004

First Named Inventor

Ransom et al.

Art Unit

2852

Examiner Name

Ryan M. Gleitz

Attorney Docket Number

2002-0624.02

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is hereby authorized to charge any additional fees required (including the fee for any extension of time), or to credit any overpayment, to Deposit Acct. No.: 20-0809	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Thompson Hine LLP 2000 Courthouse Plaza N.E., 10 West Second Street, Dayton, Ohio 45402-1758		
Signature	<i>Steven J. Elleman</i>		
Printed name	Steven J. Elleman		
Date	1/3/06	Reg. No.	41,733

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	<i>Steven J. Elleman</i>		
Typed or printed name	Steven J. Elleman	Date	1/3/06

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 400.00

Complete if Known

Application Number	10/767,685
Filing Date	01/29/2004
First Named Inventor	Ransom et al.
Examiner Name	Ryan M. Gleitz
Art Unit	2852
Attorney Docket No.	2002-0624.02

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 20-0809 Deposit Account Name: Thompson Hine LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 29 **Extra Claims** 0 **Fee (\$)** 0 **Fee Paid (\$)** 0

28 - 20 or HP = 0 x 50 = 0

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 4 **Extra Claims** 2 **Fee (\$)** 400 **Fee Paid (\$)** 400

6 - 3 or HP = 2 x 200 = 400

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u> </u> - 100 = <u> </u>	<u> </u>	<u> </u> / 50 = <u> </u> (round up to a whole number)	x <u> </u>	= <u> </u>

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature	<u>[Signature]</u>	Registration No. (Attorney/Agent)	<u>41,733</u>	Telephone	<u>937.443.6838</u>
Name (Print/Type)	<u>Steven J. Elleman</u>	Date	<u>1/3/06</u>		

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Attorney

41,733
Reg. No.

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of

Applicant : Ransom et al.
Serial No. : 10/767,685
Filed : January 29, 2004
Title : COVER PROP MECHANISM
Docket : 2002-0624.02
Examiner : Ryan M. Gleitz
Art Unit : 2852

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT

In response to the Office action mailed October 12, 2005, please amend this application as follows:

01/06/2006 SHASSEN1 00000040 10767685

01 FC:1201

400.00 OP